FORM I(Rev.6/2017)	Contractor Name
	DPW Contract No.
En	nployee Affidavit
Resident	ts Preference Program
	residence in the City of Milwaukee and that I vote, pay personal,Milwaukee, WI
	(Address) (Zip Code)
Residency status: To verify my resident status, attached p Copy of my voter's cert Copy of my last year's copy of my current Wis Copy of Other (i.e., Util	tification form. Form 1040. sconsin Driver's License or State ID.
	AND
I have not worked in the *this selection only appli	1,200 hours in the preceding 12 months. e preceding 15 days* ies to new hires or inactive employees OR t (Income Eligibility Guidelines), I am underemployed.
WORK HISTORY Construction Skills:,	Print Name
Years of Experience:	Sign Name
	Social Security Number
	Home Telephone Number
Subscribed and sworn to me thisday	
Of, A.D.	
My Commission Expires	
Notary Public Milwaukee County	

Income Eligibility Guidelines July 1, 2017 to June 30, 2018

Eligibility determination is based on household size and income. Total income must be <u>at</u> or <u>below</u> the amounts in this table.

Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	22,311	1,860	930	859	430
2	30,044	2,504	1,252	1,156	578
3	37,777	3,149	1,575	1,453	727
4	45,510	3,793	1,897	1,751	876
5	53,243	4,437	2,219	2,048	1,024
6	60,976	5,082	2,541	2,346	1,173
7	68,709	5,726	2,863	2,643	1,322
8	76,442	6,371	3,186	2,941	1,471
For Each Additional Household Member Add	7,733	645	323	298	149

Source: Wisconsin Department of Public Instruction